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Affidavit and Revenue Certification

Baton Rouge Greek Festival, Inc. ENTITY NAME

East Baton Rouge Parish

Baton Rouge, Louisiana (City), State

**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)**

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(l)(1)(c)(i).

Personally came and appeared before the undersigned authority, Amanda Guidry Katz (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Baton Rouge Greek Festival, Inc. (entity name) as of December 31, 2014 (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

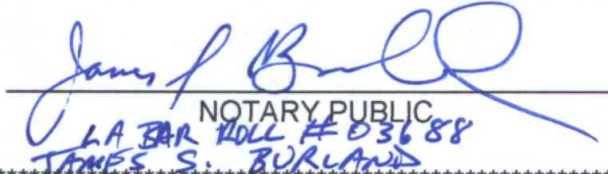
(Complete if applicable)

In addition, Amanda Guidry Katz, (officer name), who, duly sworn, deposes and says that Baton Rouge Greek Festival, Inc. (entity name) received \$50,000 or less in revenues and other sources for the year ended December 31, 2014, and accordingly, is not required to have an audit for the previously mentioned year.



Officer Signature

Sworn to and subscribed before me this 19th day of March, 2015.



NOTARY PUBLIC
LA BAR ROLL #03688
JAMES S. BURLAND

Officer's Name Amanda Guidry Katz

Officer's Title Staff & Recording Secretary

Address 742 North 5th Street

Baton Rouge, Louisiana 70802

PH/Fax/E-mail (225) 767-7163 amanda@burland.org

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date APR 15 2015

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor –
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement A**Baton Rouge Greek Festival, Inc** (Agency Name)**Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2014 (Year-End)**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description)			
1 Festival Day Income (Income made at the festival)	\$23 162 20	\$	\$23,162 20
2 Sponsorships (Business Sponsorships)	4 250 00		4 250 00
3 City of Baton Rouge/Mayor Kip Holden	7,000 00		7 000 00
4 Individual Sponsorships	110 79		110 79
5 Merchandiser Fees (Vendor Booth Fee)	1,150 00		1 150 00
6 Total receipts (add lines 1 - 5)	\$35 672 99	\$	\$35,672 99
DISBURSEMENTS (Provide Brief Description)			
7 Festival Day Expenses (Food, Rental Entertainment Marketing Labor, Supplies)	\$28 889 71	\$	\$28 889 71
8 Bank/Credit Card Fees	221 92		221 92
9 Charitable Contributions (Contributions made to charities)	1 955 00		1 955 00
10 Re-Payment of Loan from Holy Trinity Greek Orthodox Church of Baton Rouge	4 000 00		4 000 00
11			
12			
13 Total Disbursements (add lines 7 - 12)	\$35 066 63	\$	\$35 066 63
14 Change in fund balance (Lines 6 minus 13)	\$606 36	\$	\$606 36
15 Fund Balance at beginning of year	\$1588 64	\$	\$1588 64
16 Fund balance (deficit) at end of year (Add lines 14- 15)			
--This amount also goes on line 12 Statement B	\$2 195 00	\$	\$2 195 00

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

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auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement B

Baton Rouge Greek Festival, Inc (Agency Name)

Balance Sheet, on December 31, 2014 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description			
1 Cash and cash equivalents on hand	\$2 195 00	\$	\$2,195 00
2 Investments (fair value) on hand			
3 Office furnishings (Cost of desks etc)			
4 Equipment (Cooking Equipment)	2 413 03		2 413 03
5 Other (brief description)			
6 Total Assets (add lines 1 - 5)	<u>\$4 608 03</u>	<u>\$</u>	<u>\$4,608 03</u>
LIABILITIES AND FUND BALANCE (at year-end)			
7 Liabilities (give brief description)			
8	\$	\$	\$
9			
10			
11 Total Liabilities (add lines 7 - 10)			
12 Fund balance (amount from Line 16 on Statement A)	2,195 00		2 195 00
13 Other			
14 Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$2 195 00</u>	<u>\$</u>	<u>\$2 195 00</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer

Agency Head Name James S Burland

Purpose	Amount
Salary	0 00
Benefits-insurance	0 00
Benefits-retirement	0 00
Benefits-other (describe)	0 00
Benefits-other (describe)	0 00
Benefits-other (describe)	0 00
Car allowance	0 00
Vehicle provided by government (enter amount reported on W-2)	0 00
Per diem	0 00
Reimbursements	0 00
Travel	0 00
Registration fees	0 00
Conference travel	0 00
Housing	0 00
Unvouchered expenses (example travel advances etc)	0 00
Special meals	0 00
Other	0 00